FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1344559

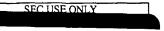
OMB APPROVAL

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Estimated Average burden

hours per response 16.00





Check if this is an amendment and name has changed, and indicate change.) Name of Offering Common Shares ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOE Filing Under (Check box(es) that apply): Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer (check if this is an amendment and name has changed, and indicate change.) Name of Issuer Turnkey E&P Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 2600, 144 - 4th Avenue S.W. Calgary, Alberta, Canada T2P 3N4 (403) 440-1113 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Oil and gas services Type of Business Organization orporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed Year Month Actual Actual or Estimated Date of Incorporation or Organization: Estimated 2004 12 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction CN

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



2. Enter the information reque					
		s been organized within the p			the state of the s
		vote or dispose, or direct the orate issuers and of corporate			equity securities of the issuer.
Each executive officer a Each general and management	-		general and managing parti	icis of paraleising is:	acis, una
		Beneficial Owner		Director	General and/or
Check Box(es) that Apply:	☐ Promoter	Belleticial Owner	Executive Officer	☑ Director	Managing Partner
Full Name (Last name first, if	individual)				
Bossert, Dale W.					
Business or Residence Address					
2600, 144 - 4th Avenue S.V					<u>_</u>
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Hall, Martin			<u> </u>		
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)			
2600, 144 - 4th Avenue S.V	W. Calgary, Albe	erta, Canada T2P 3N4			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	■ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)			•	
Phillips, George A.					
Business or Residence Address	s (Number and Str	eet, City, State, Zip Code)			
2600, 144 - 4th Avenue S.V	W. Calgary, Albe	erta, Canada T2P 3N4			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Pharris, O.D.					
Business or Residence Address	s (Number and Str	eet, City, State, Zip Code)			
2600, 144 - 4 th Avenue S.	W. Calgary, Alb	erta, Canada T2P 3N4			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Tessari, Robert M.					
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)			
2600, 144 - 4th Avenue S.	W. Calgary, Alb	erta, Canada T2P 3N4			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/orManaging Partner
Full Name (Last name first, if	individual)				
Brackenridge, Arnold H.					
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)			
2600, 144 - 4th Avenue S.	W. Calgary, Alb	erta, Canada T2P 3N4			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				··············
Brooks, G. Allen	·				
Business or Residence Addres	s (Number and Str	reet, City, State, Zip Code)			
2600, 144 – 4th Avenue S.	W. Calgary, Alb	erta, Canada T2P 3N4			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				<u> </u>
Curran, John F.					
Business or Residence Addres	*				
2600, 144 – 4th Avenue S.	W. Calgary, Alb	erta, Canada T2P 3N4			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if i	individual)				
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)			
2600, 144 - 4th Avenue S.\	W. Calgary, Albe	erta, Canada T2P 3N4			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if: Tesvesco Inc.	individual)				
Business or Residence Address	Number and Str	eet, City, State, Zip Code)			
2600, 144 – 4 th Avenue S.V	•				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				-
Business or Residence Address	s (Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Str	reet, City, State, Zip Code)			
	(I lee bl	onk cheet, or conv and use of	Iditional conies of this sheet	oc necessary)	

	And the second of the second o						
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes 🔲	No 🖾				
	Answer also in Appendix, Column 2, if filing under ULOE.						
2.	What is the minimum investment that will be accepted from any individual?	\$N/A Yes ⊠	No 🗆				
3. 4.	Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or	100 🔼	140 LJ				
7.	similar remuneration requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.						
	Name (Last name first, if individual) Sprott Securities Inc. ¹						
	ness or Residence Address (Number and Street, City, State, Zip Code 1800, 300-5th Avenue S.W. Calgary, Alberta T2P 3C4						
	e of Associated Broker or Dealer	 					
State	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers	All States					
		All States					
	AL AK AZ AR CA CO XCT DE DC FL GA HI	ID					
	IL IN IA KS KY LA ME MD X MA MI MN MS	МО					
	MT NE NV NH NJ NM X NY NC ND OH OK OR	X PA					
	RI SC SD TN TX UT VT VA WA WV WI WY	PR					
Full	Name (Last name first, if individual) CIBC World Markets Inc.						
Busi	ness or Residence Address (Number and Street, City, State, Zip Code						
9 th F	loor, Bankers Hall East, 855 – 2 nd Street S.W., Calgary, Alberta, Canada T2P 4J7						
Nam	ne of Associated Broker or Dealer						
State	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers						
		All States					
	AL AK AZ AR CA CO CT DE DC FL GA HI	ID					
	IL IN IA KS KY LA ME MD MA MI MN MS	МО					
	MT NE NV NH NJ NM NY NC ND OH OK OR	PA					
	RI SC SD TN TX UT VT VA WA WV WI WY	PR					
Full	Name (Last name first, if individual) StephenAvenue Securities Inc.						
Business or Residence Address (Number and Street, City, State, Zip Code Suite 608, 304 - 8th Avenue S.W., Calgary, Alberta, Canada T2P 1C2							
Nam	ne of Associated Broker or Dealer						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers							
		All States					
	AL AK AZ AR CA CO CT DE DC FL GA HI ID						
	IL IN IA KS KY LA ME MD MA MI MN MS MO						
	MT NE NV NH NJ NM NY NC ND OH OK OR PA						
	RI SC SD TN TX UT VT VA WA WY WI WY PR						

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¹ The offering of the Issuer's common shares in the United States was part of a larger offering of common shares made principally in Canada. Sprott Securities Inc., CIBC World Markets Inc., and StephenAvenue Securities Inc. were each paid a commission for their services as agents with respect to the offer and sale of the Issuer's common shares. All solicitations in the U.S. were made by Sprott Securities (USA) Limited, the U.S. affiliate of Sprott Securities Inc.

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Deht	c c c c c c c c c c c c c c c c c c c		\$
		3		
	Equity	\$40,147,091.58 ²	•	\$40,147,091.58 ²
	☑ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests		-	\$
	Other (Specify)			\$
	Total	\$ <u>40,147,091.58</u>	_	\$ <u>40,147,091.58</u>
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		•	\$ <u>40,147,091.58</u>
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)		-	\$
Ans	swer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	•		
	Regulation A		-	\$
	Rule 504			\$ \$
	Total			\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the	<u> </u>	_	3
٠.	securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees		\boxtimes	\$ <u>15,000.00</u>
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately		\boxtimes	\$2,208,090.04
	Other Expenses (identify)	•••••		\$
	Total	••••••	\boxtimes	\$ <u>2,223,090.04</u>

² The United States dollar amounts expressed above are calculated based on the noon buying rate for cable transfers payable in Canadian dollars as certified for customs purposes by the Federal Reserve Bank of New York on December 13, 2005. On such date, the noon buying rate was CDN\$1.1516=U.S.\$1.00.

E 12:221.090.84 b. Ever the difference between the aggregate offering poles given in response to Part C \sim Question 1 and simil expenses fembried in jesponse to Part C \sim Question 4.8. This difference in the "edjusted grees proceeds to the sensor.". \$37,324,001,34 Indicate below the amount of the adjusted game precent to the inner upod or proposed to be used for coch of the proposes altern. If my indicate the tap propose is the terror. Except an extense and check the best to the left of the extense. The test of the payments little sums equal the adjusts a press to the tap of the payments to the later we forth in response to Part C - Question 4.5 shows. Раучины н Officers, Directors Payments & AMI Salaries and this Purchase of soil penetr Fixthere, restal or leaving and mainlistion of machinery and equipment Conservation or lessing of plant buildings and hadlities Ascription of other businesses firefluiding the value of securities involved in this offertig that may be used in contains for the agents or accurities of supplier buser. PHINDS & PERSON Repayment of indubindous Working capital \$37,924,001,54 Other (specify) 237.974.081.54 Column Totals o E \$37.974.601.64 The leaser has duly assend this metre to be riginal by the undersigned duly substitute person. If trie notice is find under Rule 505, the following arginature constitute an understaining by the leaser to finally in the U.S. Sacurities and Embrange Correctation, upon written request of the reals, the information forwished by the inverte any ron-assentiated investor personnel to passagraph (b)(2) of Rule 502. · Server (Price of Type) Tureley EAT Inc. Title of Signer (Print or Type) Name of Signer (Print or Type

Chief Executive Officer

Dale W. Homert